

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023371

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3410

FILED JUL 16 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN PARKVILLE	
c. FULL NAME OF (If deceased in hospital or institution) USED CAR LOT 6320 TROOST AVENUE		d. STREET ADDRESS (If outside, give locality) BREEN HILLS, RFD # 4 BOX	
3. NAME OF DECEASED (Type or print) First RALPH. Middle MAURICE Last RIDGEWAY		4. DATE OF DEATH Month JUNE Day 25th Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/16/14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. USED CAR MANAGER		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. U. S. A.	
13a. FATHER'S NAME CHARLES RIDGEWAY		13b. MOTHER'S MAIDEN NAME EDITH M. McALLISTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address RFD # 4 MRS. DONNA RIDGEWAY PARKVILLE, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR ARREST DUE TO (b) CORONARY ARTERY OCCLUSION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ESSENTIAL HYPERTENSION		INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS 5 MIN. 5 YEARS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 4.10 p.m. Month, Day, Year 3/26/62		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4.10 P. to 6/25/62 and last saw him alive on 4/25/62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Professional Bldg.	
20f. CITY, TOWN, OR LOCATION KANSAS CITY		COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from 3/26/62 to 6/25/62 and last saw him alive on 4/25/62 Death occurred at 4.10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) George K. Landis, M.D.	
22b. ADDRESS 1116 1/2 Professional Bldg.		22c. DATE SIGNED 6/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 28, '62	
23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 6-28-62	
26. REGISTRAR'S SIGNATURE Duth H. Long			

George K. Landis, M.D.

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

AMENDED

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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94200

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USE BLACK INK OR TYPEWRITER RIBBON

DR George K. H. H. H.
Professional Bldg. 1630
6:30. 1:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold O. Reich

Licensed Embalmer No. 4998

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.